

Net Profits License Fee Return

FROM BUSINESS, PROFESSION, OR OTHER ACTIVITY WITHIN THE CITY OF MARION, CONDUCTED BY CORPORATIONS, PARTNERSHIPS, INDIVIDUAL AND FIDUCIARIES OF ESTATES AND TRUSTS.
(RESIDENT OR NON-RESIDENT)

CALENDAR YEAR ENDED DECEMBER 31, 20

OR

FISCAL YEAR INDICATED BELOW

MO.	DAY	YR.

Attach a copy of
Federal Return Form
used as a basis for
License Fee.

BASIS OF LICENSE FEE

In computing the amount due, the taxpayer begins with gross receipts as shown by the Federal Income Tax Return less deductions as determined by the Federal Return. Deduction for general business expenses will be allowed to the extent recognized and approved as such in determining Federal Income Tax.

Please attach a copy of the following Federal Income Schedule used in completing your return as required by Ordinance:

Individual Proprietorship	Form 1040, Separate Schedule C	Partnerships	Form 1065, Page 1
Estates and Trusts	Form 1041, Page 1	Corporations	Form 1120, Page 1
		Sub-Chapter S Corporations	Form 1120-S, Page 1

CHECK OR MONEY ORDER PAYABLE TO: TREASURER, CITY OF MARION, KENTUCKY

1. Gross Income per Federal Return
2. Total deductions per Federal Return (If Federal Return is Form 1040, do not include Page 3 deductions or personal exemptions)
3. Net income per Federal Return, Form 1040; 1041; 1065; 1120
4. Percent (As determined by Schedule B)
5. Net Profits subject to Marion License Fee
6. Marion License Fee at 3/4 of 1%
7. Interest 2/3 of 1% per month, if delinquent
8. Penalty 15% of the amount of the unpaid License Fee, if delinquent
9. TOTAL (Items 6, 7 and 8)
10. Less Credits (Including \$25.00 minimum license fee paid)
11. Balance Due (Item 9 Minus Item 10)

SCHEDULE B

Business Allocation Percentage Formula Divide (A) by (B) to obtain Decimal — Carry out Decimal at least six places

ALLOCATION FACTORS	COL. 1 MARION FACTOR (A)	COL. 2 TOTAL FACTOR (B)	COL. 3 PERCENTAGE
1. Gross Sales of merchandise, less Returns and Allowances. (Do not include Discounts allowed.)			
Charges for work or service performed			
Other Income			
Total Business Receipts Factor			
2. Wages, Salaries, and other Personal Service Compensation			
Total Net Wages Factor			
3. Total Percents			
4. Average Percentage (Line 3 divided by number of Percents) (Carry Percentage to Line 4, Schedule A)			
5. Did you have any employees in 19? (Yes or No)			

CERTIFICATE

Prepared by:

I HEREBY CERTIFY that the statements made herein and in any supporting schedule or exhibit are true, correct and complete.

(Signature of Licensed Fee Payer) _____ Date _____ 20 _____

This return must be filed with full payment of the fee on or before April 15 of each year, or within 135 days from the close of your fiscal year, with the City Treasurer, 217 S MAIN ST. MARION KY 42064